

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Laborers Pacific Southwest Regional Organizing Coalition Issues PAC			Date of This Filing 09/22/2020	Date Stamp Page 1 of 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)604-5576	I.D. NUMBER (if applicable) 1358725		Report No. 33187		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95834	No. of Pages 2		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
09/22/2020	Yes on B 2020 Oakland, CA 94607 ID# 1430201	Charter Amendment- Department of Sanitation and Streets, Sanitation and Streets Commission, and Public Works Commission. Measure B. City and County of San Francisco	\$30,000.00	11/03/2020

Reason for Amendment: